



## DEPARTMENT OF THE NAVY

COMMANDING OFFICER  
NAVAL AIR STATION  
700 AVENGER AVENUE  
LEMOORE, CALIFORNIA 93246-5001

NASLEMINST 1740.1G

90

02 AUG 1995

### NAS LEMOORE INSTRUCTION 1740.1G

From: Commanding Officer, Naval Air Station, Lemoore

Subj: NAVAL AIR STATION CHILD DEVELOPMENT PROGRAMS

Ref: (a) OPNAVINST 1700.9D  
(b) BUPERSINST 1710.11B  
(c) OPNAVINST 1740.4

Encl: (1) Child Development Center Regulations  
(2) Family Child Care Regulations

1. **Purpose.** To set forth the basic policies, regulations and procedures for the operation of all Child Development Programs (CDP) on Naval Air Station Lemoore and in government housing to ensure a healthy, safe environment for children and to promote quality child care per reference (a).

2. **Cancellation.** NASLEMINST 1740.1E and NASLEMINST 1754.3/NHLEMINST 1754.1.

3. **Mission.** Child Development Programs are established to provide child development services to assist military and Department of Defense (DOD) civilian employees in contribution to effective operation and mission accomplishment.

4. **Background.** The composition of the Navy is changing rapidly and increasingly. Navy families consist of two wage earner families as well as families headed by a single parent. Recognizing the need for child care services, it is the intent of the Navy to assist in providing child care services to support operational readiness and mission accomplishment. The Child Development Center (CDC), provides full-time care and preschool programs. The operation of Family Child Care (FCC) facilities is in addition to child care services provided by the Naval Air Station Child Development Center. The CDC and FCC is under the Child Development Youth Services, Morale, Welfare and Recreation (MWR) Department and as such, is subject to the procedures set forth in reference (b). The CDC operating policy and standards are contained in enclosure (1). FCC operating policy and standards are contained in enclosure (2).

### 5. **Responsibilities**

a. Commanding Officer, Naval Air Station, Lemoore will:

02 AUG 1995

(1) Triennially survey military and civilian personnel to determine the need for CDPs in support of operational readiness, mission accomplishment and retention.

(2) Request and apply appropriated funding to CDPs as authorized.

(3) Establish personnel oversight through regular and formal documented inspections of CDPs to ensure compliance with established Navy policy, standards and guidance provided in reference (a). Conduct an unannounced annual local multi-disciplinary team inspection of CDPs prior to BUPERS inspection. Ensure prompt, appropriate action is taken to correct deficiencies noted in all inspections.

(4) Ensure CDC personnel and FCC providers are qualified and screened as required.

(5) Grant certification to the FCC providers to operate a FCC facility and authorizes the withdrawal of provider's certifications if suspension or revocation is warranted.

b. Director, Morale, Welfare and Recreation (MWR) Department will:

(1) Interpret overall program policies and requirements and advise the Child Development Youth Programs Administrator.

(2) Act as a liaison between Child Development Youth Programs Administrator and other departments as a representative of the Commanding Officer in policy discussions and changes.

(3) Serve as fiscal administrator for CDC and FCC.

c. Administrator, Child Development Youth Programs will:

(1) Supervise the general operation of the CDC and FCC.

(2) Provide general administrative and technical guidance concerning matters of FCC, MWR and Navy policies.

(3) Act as a liaison between the FCC Director, the CDC Director and other departments.

d. Director, Child Development Center will:

(1) Provide proper care, supervision and physical well-being of all children left in the CDC per reference (a).

02 AUG 1995

(2) Develop and implement comprehensive child development and preschool programs that meet the interest and needs of the children.

(3) Supervise all employees which includes the hiring and termination of all staff personnel and other individuals required for the proper operation of the CDC.

(4) Develop and execute a budgetary plan, maintain daily records of all monies received and expended. Responsible for general operation and fiscal management of the facilities and programs.

(5) Maintain a daily record of attendance at the CDC as well as a personal history card file for each child attending the CDC.

(6) Responsible for the custody of all furniture, fixtures and other equipment used in the CDC.

(7) Ensure compliance with safety, sanitation and preventive medicine regulations as specified in NAVMED P-5010.

(8) Provide maintenance to reflect clean and repaired status of all facilities.

e. Family Child Care Director will:

(1) Be responsible for overall coordination of the FCC Program.

(2) Recruit and screen FCC provider applications, process applications and certify homes.

(3) Coordinate orientation and training for FCC Providers. Assist providers in establishing daily routines, fees, parental involvement and maintenance of records.

(4) Recommend approval/disapproval of applicants based on inspections and evaluations.

(5) Conduct announced/unannounced visits to each FCC home to provide programmatic support and ensure that appropriate care is provided to the children.

(6) Maintain documentation and files for each FCC provider and facility.

02 AUG 1995

(7) Maintain a list of certified FCC providers for distribution to persons needing child care services.

(8) Sponsor FCC providers participation in United States Department of Agriculture (USDA) Child and Adult Care Food Program (CCFP). Ensure the preparation and serving of meals meet criteria in reference (a).

(9) Ensure that all Family Child Care homes operating within the housing area are certified through the Family Child Care Program.

(10) Implement procedures to ensure health, fire, safety and other program regulations are in compliance with reference (a).

(11) Investigate complaints. Report findings to chain of command.

(12) Prepare and submit an annual operational budget.

6. **Parent Advisory Board.** The Navy recognizes that parents ultimately have the responsibility for the health, safety and well-being of their children. In an effort to facilitate a parent/CDC/FCC partnership for the welfare of child, a Parent Advisory Board composed of parents of children attending both CDC and FCC has been established. The function of the Board is to provide recommendations for improving services to the Commanding Officer. The Board's recommendation will be forwarded through the CDYP Director to the Commanding Officer for review and disposition. The Board will act in an advisory capacity only and will not engage in the management and operation of the Child Development Programs. The Board, with the advice of the program staff, will be responsible for coordination of the Parent Participation Plan. The CDC Director, FCC Director, Family Advocacy Representative, representatives from Public Works, Health and Safety and Medical Advisor may be included on the Board. The Board will meet at least once quarterly. Meetings are open to all members of the base community.

7. **Personnel Background Checks**

a. In an effort to prevent child abuse, thorough background checks on potential CDC employees and FCC Providers and their families are required. The information gathered will be used to screen individuals for appropriateness to work with children

0 2 AUG 1995

either in CDC or FCC. Screening is required to ensure there is no conviction of, admission to, or evidence of acts of child abuse, molestation or neglect, drug or alcohol abuse and violent crime.

b. Screening includes:

(1) Installation Record Checks (IRC). An IRC consisting of three personal/professional references, base security, Counseling and Assistance Center (CAAC) and Family Advocacy Representative (FAR) will be conducted. In addition, a review of records from the Housing Office, sponsor's division officer, Kings County Child Protective Services, Kings County Mental Health and an in-home interview will be conducted on FCC members over the age of 12 years.

(2) Family Advocacy Central Registry Records. CDC employees and FCC providers can start working with children as long as IRC's and Family Advocacy Central Registry has been completed, and National Agency Check (NAC) has been initiated.

(3) National Agency Checks (NAC) for Non-Appropriated Fund new hires and FCC Providers and a National Agency Check Inquiry (NACI) for Appropriated Fund (APF) new hires include Federal Bureau Of Investigations (FBI) fingerprint checks.

(4) State Criminal History Repositories (SCHR) check. A record check consisting of local police criminal history files in the jurisdiction in closest proximity to the applicant's residence. Local police or base security are responsible for accessing information.

c. Volunteers and interns require screening. Complete IRC's and Family Advocacy Central Registry Checks. Upon favorable completion, an individual can work within sight and under supervision.

d. A new IRC is not required if the FCC Provider was formerly investigated and the break in service is not more than three months.

e. FCC Providers and their family members, will complete IRC's annually.

02 AUG 1995

## 8. Inspections

a. Reference (a) requires that Child Development Programs be inspected four times a year. These unannounced inspections include:

(1) A comprehensive fire and safety inspection conducted by fire and safety personnel. Structural and maintenance standards will be reviewed.

(2) A comprehensive health and sanitation inspection conducted by Preventive Medicine personnel.

(3) A comprehensive inspection conducted by Bureau of Naval Personnel (BUPERS).

(4) A local inspection conducted by a multi-disciplinary team appointed by the Commanding Officer. This inspection must be completed prior to the BUPERS inspection.

(a) The team's procedures will ensure compliance with reference (a) and consist of a comprehensive review of CDC and ten percent of FCC Providers chosen randomly for an on-site inspection and a review of program administration.

(b) The Occupational Safety and Health (OSH) Manager is the team leader. The team will consist of Fire Prevention, Ground Safety, Preventive Medicine, NAS Lemoore Administration, Family Advocacy Representative and a Parent Advisory Board member.

(c) Findings and recommendations should be forwarded to OSH for a consolidated report submission to MWR for corrective actions via the Commanding Officer.

(e) A copy of the annual inspection will be filed in the CDC for review during BUPERS inspection.

b. Fire Prevention and Preventive Medicine will conduct unannounced inspections each month.

c. Fire Prevention, Ground Safety and Preventive Medicine will conduct the initial and annual inspection of each FCC home.

d. Daily inspections. The CDC Director or designee will conduct a daily examination of the facilities and playground to

02 AUG 1995

identify health, safety and fire deficiencies and take appropriate action as necessary.

9. **Patron Eligibility.** The status of the sponsor determines eligibility of children to enroll in CDC or FCC. Eligible patrons include military personnel, civilian personnel paid from appropriated funds (APF), and nonappropriated funds (NAF), reservists on active or inactive duty for training and retired military personnel. First priority is child care for active duty and DOD civilian personnel.

a. Priority placement in CDC or full day care is as follows:

(1) Active duty single military parents with custody and dual active duty military couples.

(2) All other active duty with working spouse.

(3) All other active duty personnel.

(4) DOD civilian employees.

b. Ages:

(1) Child Development Center. Children ages six weeks through age five years are eligible to enroll in CDC programs. CDC programs are intended for the care of children under the age of six, therefore, care of children six and over should take place at the Youth Activities facility. On lease nights, older children up to 12 years of age are accepted.

(2) Family Child Care. Children ages six weeks through twelve years are eligible to enroll in FCC, provided all registration and immunization forms are on file with the FCC Provider.

#### 10. **Fees and Charges**

a. CDC fees will be recommended by the MWR Director based on DOD fees requirement and subject to the Commanding Officer's approval. CDC fees are based upon total family income established annually using the fees ranges published by the Office of the Secretary of Defense. The fees and charges policy is explained in enclosure (1).

b. FCC weekly and/or hourly fees to be charged are a matter of private negotiation between the provider and parents. Fees



02 AUG 1995

should be agreed upon in writing prior to children being left at the CDC the first time. Contracts are required for full time care. Parents will be given a copy of the contract. In establishing fees, FCC Providers should consider CDC fees, the services the FCC Provider offers and the length of time care is provided. The Commanding Officer can monitor FCC fees to ensure they are reasonable and consistent with the scope of services provided, when direct cash subsidies are provided. FCC fees will be regulated by the Commanding Officer.

11. **Family Care Plan.** The CDC Director and FCC Director will keep a copy of the Family Care Plan on each child enrolled on a regular basis whose sponsor is required to have such a plan per reference (c).

12. **Discipline Policy.** Child Development Programs discipline policy is designed to assist the child in developing self-control, self-respect and consideration for the rights and property of others. Corporal punishment or any humiliating or frightening punishment by CDC staff members and FCC Providers is strictly forbidden. This includes physical punishment such as spanking, slapping, pushing, shaking, hitting, pinching, pulling hair or any other form of physical punishment. Verbal abuse, threats, and derogatory remarks are forbidden. Restricting the child's movements or placing the child in a confined space is forbidden. Children will not be punished for a lapse in toilet training. CDC staff, FCC Providers and patrons will receive a verbal and written explanation of discipline policies. Further guidance for CDC staff and FCC Providers is provided in enclosure (1) and in CDC's Discipline Standard Operating Procedures (SOP).

13. **Child Abuse Reporting.** Cases of child abuse/neglect are often identified in the CDC's setting. The suspicion or identification of child maltreatment or abuse carries significant responsibilities for program personnel. If child abuse or neglect is identified within a child care setting, the CDC staff member/FCC Provider is required by law and Navy policy to report the suspected/alleged abuse/neglect to the Family Advocacy Representative (FAR) or Child Protective Services (CPS) immediately. Further guidance is provided for CDC staff in enclosure (1) and CDC's Child Abuse SOP, and for FCC Providers in enclosure (2).

14. **Training Requirements.** Ongoing training will be provided to all CDP personnel on a regular basis in order to promote the intellectual, social/emotional and physical development of children. CDC staff and FCC Providers will comply with training



02 AUG 1995

requirements outlined in reference (a). Additional training provisions for FCC Providers can be found in enclosure (2).

15. **Program of Activities**. A planned program of developmentally appropriate activities which promotes intellectual, social, emotional and physical development of the children will be provided on a daily basis in a safe, healthy learning environment (CDC and FCC settings). CDC and FCC must comply with program requirement standards established in reference (a). Further guidance for FCC Providers on program requirements, fire, safety and health standards are provided in FCC SOP's.

16. **Personnel Health Requirements**. All Child Development Programs (CDPs) personnel must be in good physical and mental health and free of communicable disease. CDP personnel must obtain a health screening and required immunizations prior to caring for children. All members of the FCC Provider's family, or any other person residing at that residence will have required immunizations and Tuberculosis (TB) test. Screening of employees for the presence of the Human Immunodeficiency Virus (HIV) antibody prior to employment is not warranted or recommended by reference (a).

17. **Standard Operating Procedures (SOPs)**. SOPs will be developed by the CDC Director and FCC Director to ensure cost effective management, safe facilities, healthy environments and developmentally appropriate programs. SOPs will be developed in coordination with the appropriate base agencies. SOPs will be made available to all patrons, CDC staff/FCC Providers and command representatives.

18. **Changes/Additions**. Any changes or additions to this instruction will be referred to as addendum.

19. **Policy Implementation**. The CDC Director and FCC Director will be responsible for implementing all aspects of this instruction.

20. **Forms**. The following forms are required for the inspection and operation of CDC and FCC and are available at Serv Mart.

a. CDC/FCC Child Registration Form, NAVPERS Form 1754/5 (3-93), S/N 0106-LF-015-6200.

b. Child Abuse/Neglect Message Form, RCS BUPERS 1700-2.

NASLEMINST 1740.1G

02 AUG 1995

c. DOD Child Development Program Request for Care Record, DD Form 2606 (10/91), S/N 0102-LF-015-0700

d. Family Child Care Provider Application, available at CDC/FCC NAS Lemoore.

e. National Agency Check, DD Form 398-2, Mar 90, S/N 0102-LF-008-6000.

f. Fingerprint card, S/N 0104-LF-006-9600, FD-258 (12/82)

g. U.S. Civil Service Commission Certificate of Medical Examination, Standard Form No. 78, October 1969 (Revision) Civil Service Commission FPM 339.

  
G. C. WOOLDRIDGE

Distribution: (NASLEMINST 5215.2U)  
Lists B and E

02 AUG 1995

**REGULATIONS FOR CHILD DEVELOPMENT CENTER**

1. The Naval Air Station Lemoore Child Development Center is a branch of the Child Development and Youth Services Division, Morale, Welfare and Recreation Department. The CDC is established to provide child development services for children authorized by this instruction and reference (b). The Center reserves the right to refuse service to any parent who fails to comply with regulations established for health and safety reasons. In such cases the parent will be referred to the Morale, Welfare and Recreation Director.

2. **Program Objectives.** The objectives of the Child Development Center are:

a. Meet the needs of employed parents by utilizing CDC spaces for full time care to assist personnel in balancing the competing demands of family life and military mission.

b. Provide a prepared environment which includes adequate child sized furnishings, materials, and supplies that offer children opportunities to engage in a variety of activities which foster development.

c. Provide a planned program of developmentally appropriate activities for each age group which promote the intellectual, social, emotional and physical development of the children.

d. Safeguard the health, welfare and safety of children attending the CDC programs.

3. **Program Staffing**

a. **Staff/Child Ratios.** The ratio of staff to children must be sufficient at all times to maintain constant supervision and to quickly effect evacuation in the event of fire or other emergencies. The following staff/child ratios shall apply at all times:

<b><u>AGES</u></b>	<b><u>STAFF</u></b>	<b><u>CHILDREN</u></b>
6 weeks....12 months	1 per	3-4
13 months...24 months	1 per	5
25 months...36 months	1 per	7
3 years.....5 years	1 per	10-12
37 months.....5 years		

Encl (1)

02 AUG 1995

b. Group Size. The number of children assigned to a group shall be limited. Group assignments should be based on children's developmental levels. Within the larger classroom setting, children shall be divided into smaller groups to stimulate interest and participation and to reduce aimless wandering, lack of involvement, hostility, biting and discipline problems. The following group size requirements shall apply at all times of the day, except during arrival and departure time, and social activities such as field trips:

<u>AGES</u>	<u>MAXIMUM GROUP SIZE</u>
6 weeks.....12 months	6-8
13 months.....24 months	10
25 months.....36 months	14
37 months.....5 years	20-24

If more than one group occupies a single room, each group must have its own clearly defined physical space, equipment and furnishings.

#### 4. Child Admission Requirements

a. No child may be admitted to a child development program without current immunizations, except where religious beliefs preclude or clear medical contradictions exist against tetanus, diphtheria, pertussis and poliomyelitis. If necessary, parents may be given ten working days to secure necessary medical certifications.

b. No child may be admitted who is obviously acutely ill. Each child will be informally checked by the caregiver before he or she joins the group. Any child showing signs of developing illness after acceptance will be excluded from the group and isolated. Parents will be contacted to pick up the child within a half hour. If the parent fails to come within this time, the parent will be responsible for the expense of having the child in the isolation room with a caregiver in attendance, an additional \$5.00 per hour will be charged.

c. Readmission after recovery from any communicable disease must be upon approval of the CDC Director unless a reasonable length of time has elapsed or a note from the physician is presented. A child sent home ill will not be admitted the same day without prior medical authorization. Children must be over symptoms of diarrhea for 12 hours before returning to the Center.

02 AUG 1995

d. Parents shall complete authorization release for emergency medical care as part of the admission procedure. Parents are responsible for ensuring that they can be contacted within a reasonable length of time (one half to one hour) in the event their child becomes ill or an emergency occurs.

e. Per reference (a), every effort shall be made to provide child care services to active duty military families with special needs children.

5. **Medication.** No medication will be administered by the CDC staff. Parents are required to administer medications to their own children. Parents shall not put medicine in infants formula, milk or juice.

6. **Parents Involvement.** Parents shall be informed of children's activities and be provided opportunities to observe the program. Parents handbook or brochure including information of fees and charges, hours of operation, description of the program, activities and policies will be provided to the parents upon the child's initial enrollment. A copy of this instruction and local SOPs will be made available to parents.

7. **Fees and Charges**

a. Weekly rates are available and must be paid in advance. A late fee of \$5.00 will be assessed if not paid on Monday or the first business day of the week that CDC is open.

b. Weekly fees are based on total family income as established by the Department of Defense (DOD). Parents must provide yearly updated information to verify current income. If income verification is not provided, parents will be charged the highest fee on the Child Development Center's scale.

c. Weekly children are entitled to two weeks of vacation leave per year which the parents have the option of using for prolonged illness such as chicken pox and one week of sick leave. Vacation must be taken at one week increments and leave cannot be carried over to the following year. Sick leave can be taken in one day increments.

d. Full weekly fees must be paid in advance if the child is absent for a week or more past the two weeks vacation leave to ensure his or her place in the class. If weekly fees are not paid, children will be automatically dropped from the weekly program.

02 AUG 1995

e. Non-payment of weekly fees for two weeks will result in the child automatically being dropped from the program. A notice will be given to parents after the first weeks payment is not received.

f. A two-week written notice must be given if the child is to be withdrawn from the weekly program. Failure to provide a two weeks written notice of withdrawal will make parent financially responsible for the two weeks.

g. An additional charge of \$6.00 per child per 15 minutes or any part thereof will be assessed if a child is left at the Child Development Center after the scheduled closing time.

h. Preschool requires a registration fee which is non-refundable. Monthly tuition fees are also based on total family income.

i. Tuition fees are due and payable on the fifth working day of each month. Failure to pay during the month automatically excludes child from attending preschool. A late fee of \$5.00 will be assessed if tuition is not paid by the fifth working day of the month.

j. A two-week written notice is required if parent is withdrawing a child from the preschool program. Failure to provide a two week written notice will result in parent being responsible for the extra month's tuition.

8. Waiting List for Full-Time Care. Waiting lists are updated on a continuous basis. Any person whose name becomes first on the waiting list will be notified as soon as space is available. When circumstances deem them not ready or they cannot be contacted after several tries, the next name will be placed first. The first person will only be allowed to stay in this position for two months unless no spaces have been offered, at which time they will be taken off or placed at the bottom of the waiting list. If the person cannot be contacted, the name will be deleted. Once a parent is contacted, and offered the slot and no response is received within a week, the next child on the waiting list will be called. Parents who are signed up will be given two weeks to start their child in the program. This allows parents to give a two week notice to their providers. After two weeks are up, full weekly fees will apply. Parents of infants under two months of age require immunization shots to enter the program and will be given three weeks time to start their child. After three weeks are up, full weekly fees will apply. Waiting

lists shall be maintained separately for different age groups. Priority shall be as follows:

- a. Single active duty military and dual active duty.
- b. Families with one active duty parent and others as described in reference (b).

9. **Special Events**. Commands, squadrons, dependent wives groups and any eligible group may make arrangements for the CDC to be opened for special events (balls, parties, pre-deployment briefs, etc.). Arrangements must be made at least two weeks in advance to allow for scheduling of employees and processing of necessary paperwork. A Lease Agreement form is available at the CDC, and must be completed and signed by the representative of the group and approved by the CDC Director prior to lease date. If needed, a Special Expenditure Request form is also available at the CDC and must be completed and brought back to the CDC before lease can be approved. Separate fees are established for exclusive usage.

10. **Check In and Out**

a. All children will be accompanied by an adult. Children must be signed in and out in their respective rooms. The Center is not responsible until the child has been brought to their assigned caregiver. Children may not sign themselves in at the CDC.

b. The sign-in sheets must be filled in clearly and in complete detail so that the parent(s) may be reached if necessary.

c. All parents are required to leave an emergency phone number with the CDC at all times. We need to be able to reach a parent or authorized person in the event of an emergency.

d. No child will be released to anyone other than the parent, guardian or person designated on the authorization slip. No phone-in authorization will be accepted. An exception for legitimate emergencies may be made.

e. When a child is picked up by the parent or guardian, the parent must enter and exit through the Center's main entrance only. To enter and exit the Annex CDC, please use the second gate located to the right of the Annex instead of passing through one of the rooms in the Main Center.



02 AUG 1995

f. Persons under the age of 12 may not remove children from the CDC.

g. Clothing and other items must be clearly marked by parents prior to admitting the child. Parents are discouraged from bringing their own toys except for the first few weeks of the child's attendance to help ease child's transition from their home to the CDC and during show and tell days. Children are not permitted to have money, toy guns, toys knives, candy or gum.

11. **Length of Time Children Can Stay at the CDC.** The Child Development Center is offered as supplement to, not substitute for, the family which is the primary agent for care and development of the child. Under normal circumstances the maximum length of time a child is in attendance **should not exceed 10 hours**. FCC should be used for parents working long and unusual hours (i.e., standing watch, shift workers).

12. **Stranded Children**

a. Children left at the CDC past the regular closing time will remain at the CDC attended by regular members of the CDC Staff. The following steps will be taken to ensure the safety and well-being of the child.

(1) Call nearest relative as designated by the parent.

(2) Call nearest neighbor or friend as designated by the parent.

b. If authorized in writing, the child will be released to one of the above after proper identification has been verified. The CDC Director will be notified after either of the above steps have been taken. Habitual offenders are subject to the loss of Child Development Center privileges.

c. If a child is stranded for more than one hour after the CDC is closed, a report will be made to the Officer of the Day (OOD) who will take the appropriate action.

13. **Disputes over Custody of Child**

a. Concerning who may take a child from the CDC:

(1) The parent or legal guardian.

(2) In a case where the parents are separated but the court has not yet awarded custody, either parent.

0 2 AUG 1995

(3) In a case where the court has awarded joint custody, either parent.

(4) In a case where the court has awarded sole custody, **only the custodial parent.**

(5) A designated person with written permission of the parent or guardian.

b. In custody cases:

(1) A copy of the custody document will be required to be kept on file in the Child Development Center. This is important to ensure CDC staff members know who actually has legal, physical custody of the child and documentary evidence is available to ensure that the non-custodial parent will be denied access to the child.

(2) The non-custodial parent may take the child from the CDC only with written permission of the custodial parent.

c. The Child Development Center is not a court of law, a law enforcement agency, or a counseling agency. The Child Development Center staff will contact the custodial parent and the Security Detachment if the non-custodial parent attempts to take the child. Staff personnel cannot physically prevent a parent from picking up his/her child.

14. **Touch Policy.** Child caregivers know how important physical contact with children is for their development, their nurturance, and their guidance. Expressions of affection such as hugs, holding hands, and lap sitting help to build children's self-esteem. A reassuring touch on the shoulder or a backrub at nap time can help relax a tense child. One of the tasks of early childhood is to develop an understanding of what is considered appropriate or inappropriate touch in the child's culture. Child caregivers, as well as parents teach this in part by modeling appropriate and inappropriate touch for the child. Appropriate touch takes into account respect for the personal privacy and personal space of others. Appropriate touch involves having the permission of the other for touch. Requiring a goodbye kiss from a child is an example of inappropriate touch. Appropriate touch takes into account the wishes, safety, and well-being of the other person.

a. Positive touch is absolutely necessary for the healthy growth and development of a child. The child will always have

02 AUG 1995

the option to refuse touch. Examples of appropriate touch include:

- (1) Backrubs at nap time.
- (2) Diaper changes for infants and toddlers.
- (3) Assistance with toileting if necessary.
- (4) Help with dressing, if needed.
- (5) Held and hugged when needed by the child.

15. **Bomb Threat Evacuation.** In case of a bomb threat:

a. Attempt to record as many specifics of the conversation as possible. Special attention should be given to finding out where (exact location) and when (precise time) the device is set to detonate.

b. Telephone the Fire Department at extension 9-911 and report the bomb threat.

c. Evacuate the building using doors on playground side. Take attendance clipboard and key for the gate. All children will be taken to the tennis courts (follow evacuation procedures used for fire).

16. **Center Keys.** Building keys will be maintained by the CDC Director. All other keys will be controlled in a lockable box. One set of building keys will also be maintained at the OOD Office, Fire Station, and MWR Administration Office.

17. **Depositing of Funds.** Depositing of all funds received will be made on a daily basis.

18. **Trouble Calls.** The Public Works (PW) Trouble Call Desk will be called for emergency repairs during working hours. Maintenance and repair deficiencies of Buildings 964 and 965 will be forwarded to the PW Trouble Desk. If an emergency repair is needed after working hours, call the OOD at 998-3300/01.

19. **Questions.** Questions which may arise that are not covered by this instruction or SOPs will be referred to the Child Development Center Director.

02 AUG 1995

**FAMILY CHILD CARE REGULATIONS**

1. The Naval Air Station, Lemoore's Family Child Care Program is a branch of the Child Development and Youth Services Division, Morale, Welfare and Recreation Department. The program is established to supplement child care services for military and DOD civilian families, to ensure minimum standards for the care and protection of children are met per reference (a) and to identify and support FCC Providers who can offer a variety of home child care services to meet the many needs of Navy families and DOD employees.

2. **Scope**

a. All personnel providing child care services aboard Naval Air Station Lemoore on a full or part-time, regularly scheduled basis or more than ten child care hours per week are required to be certified per this instruction. "Regular" child care is any child care which enables parents to be on duty, to be employed or to attend school/training. Individuals providing more than ten child care hours per week in government quarters must be registered for certification within 30 days after notification of unauthorized care given by the Family Child Care Director. Operation of Family Child Care is a privilege given at the discretion of the Commanding Officer. Individuals providing Family Child Care in Navy housing may be licensed by the state in addition to, but not in lieu of Command approval and certification. As defined in reference (a), this instruction does not apply to occasional babysitting and babysitting co-ops (care given to children as part of a formal babysitting co-op where records are kept of the hours of care exchanged between coop members). This guidance does not apply to care given to children:

(1) in their own homes.

(2) with or without pay, by a person related by blood or marriage. Such relationships would have to be verified. This exception is only for grandchildren, sisters, brothers, nieces and nephews.

(3) with or without pay, only occasionally. Occasional child care would be for brief time periods (i.e., while the parent was temporarily engaged with such things as doctors' appointments). Occasional child care is for less than ten hours per week.

Encl (2)

02 AUG 73

(4) occasionally and irregularly as part of a cooperative agreement between parents for the care of their respective children, where no payment is involved and records are kept of the care exchanged between co-op members.

b. The FCC will be open to all children regardless of race, nationality, creed, color, sex, special needs, grade or rank of sponsor.

3. **Types of Homes**. In addition to meeting the needs of working parents and supplementing care provided by the CDC, FCC is also established to meet the needs of families requiring unique child care services. These may include extended hour homes, mildly ill homes, special needs homes, newborn homes and before and after school homes. All of these homes will comply with standards for care of children established in reference (a).

4. **FCC Administrative Procedures**

a. **Responsibilities**. Naval Hospital Lemoore Occupational Health/Preventive Medicine Department will:

(1) Conduct initial health and sanitation inspections of all applicants homes. Note any discrepancies and issue recommendations for corrective action.

(2) Recommend approval/disapproval of applicants based on inspection.

(3) Conduct inspections, as deemed necessary but at a minimum, annually.

(4) Conduct FCC health training to include food preparation, identifying communicable diseases and personal hygiene.

(5) Serve as a point of contact regarding the length of time FCC homes must be closed as a result of inspections of disease control.

(6) Support the FCC Director with consultations, resources and technical assistance.

b. **The Family Advocacy Representative (FAR) will:**

(1) Review available medical, mental health and child advocacy records of FCC Provider applicants and household members for any previous

02 AUG 1995

history of domestic violence and/or child neglect or any other conditions which would reflect upon the suitability of the applicant or a household member.

(2) Serve as point of contact for the FCC Director, reporting allegations of child abuse or neglect and follow reporting procedures.

(3) Serve as a point of contact for training information and referral.

(4) Recommend approval/disapproval of FCC Providers application based on screening.

c. The Counseling and Assistance Center (CAAC) will:

(1) Review all available records for any reports of drugs and/or alcohol abuse by FCC Provider applicants or incidents which may reflect on the suitability of the applicant or household member.

(2) Recommend approval/disapproval of FCC Provider application.

(3) Support the FCC Director with consultations, resources and technical assistance relating to substance abuse.

d. Fire Prevention Team will:

(1) Conduct initial inspection of all applicants homes, noting any discrepancies and make recommendations for corrective action.

(2) Recommend approval/disapproval of FCC Provider application based on inspection.

(3) Provide fire and safety training for FCC Providers.

(4) Conduct inspections as deemed necessary, but at a minimum, annually.

(5) Support the FCC Director with consultations, resources and technical assistance relating to fire prevention.

e. Occupational Safety and Health will:

02 AUG 1995

(1) Conduct initial inspection of all applicant homes, noting any discrepancies and make recommendations for corrective action.

(2) Recommend approval/disapproval of FCC provider application based on inspection.

(3) Conduct inspections as deemed necessary, but at a minimum, annually.

(4) Support the FCC Director with consultations, resources and technical assistance relating to safety.

f. Security Detachment will:

(1) Conduct initial local security check of all FCC Provider applicants for evidence of any conditions which would reflect on the suitability of the applicant or a household member.

(2) Recommend approval/disapproval of FCC Provider applicants based on background check.

(3) Support the FCC Director with consultation, resources and technical assistance relating to security checks.

g. The Housing Office will:

(1) Verify the assignment of quarters.

(2) Screen housing records of FCC Provider applicants for incidents that may reflect on the suitability of the applicant or a household member.

(3) Recommend approval/disapproval of FCC Provider applicant based on screening.

(4) Inform occupants that FCC will be allowed only in compliance with this instruction and reference (a).

(5) Support the FCC Director with consultations, resources and technical assistance relating to housing in military quarters.

(6) Recommend eviction to the Commanding Officer of those occupants of government housing who conduct unauthorized child care service in their homes.



02 AUG 1995

h. Sponsor's Division Officer will:

(1) Review all available records for any adverse information concerning the FCC Provider applicant and family members which may reflect on the suitability of the applicant or a household member.

(2) Recommend approval/disapproval of FCC Provider application.

i. FCC Quality Review Board (ORB) will:

(1) Consist of the following representatives: NAS Lemoore Chaplain, Station Judge Advocate, Housing Director, Security Officer, Preventive Medicine, Fire Prevention Chief, FCC Director, CDYP Administrator and Family Advocacy Representative. All are voting members with the exception of the FCC Director. The Chaplain is the designated Chairperson of the Quality Review Board.

(2) Provide recommendations for certifying, recertifying and denying providers. The Quality Review Board will also serve as a mechanism for hearing appeals made by the FCC Providers. The Board will meet as often as once a month if needed or at least once each quarter. For cases requiring more immediate attention (i.e., suspensions, revocations), the QRB must meet within 72 hours of being notified.

(3) Discuss individual FCC Providers or Provider applicant cases that require disciplinary, denial, revocation or suspension of certification, and appeals and recommendations as needed or as requested by any member of the FCC applicant review process.

(4) Gather information from any person relevant to the operation of the FCC Program and request a written statement or personal appearance by the Provider as appropriate.

(5) Review the practices of FCC Providers and cases of domestic violence and make recommendations to the Family Child Care Director.

(6) Make recommendations to the Commanding Officer regarding the decision of the Board when denial, revocation or suspension is deemed necessary.

'0 2 AUG 1995

(7) Ensure that only the best qualified FCC applicants become certified FCC Providers.

**5. Provisional Certification.** Provisional certification may be granted after completing the following:

a. Completed Family Child Care applications must include sponsor's approval, three references which demonstrate ability to properly care for children and payment of a \$30.00 certification fee (non-refundable). The fee is due and payable within 30 days of application for certification.

b. Interview in provider's home with spouse and other family members.

c. Obtain health cards for provider and spouse from Preventive Medicine. All family members must have necessary immunizations and TB tests.

d. Complete FCC Orientation training, first aid, infant/child Cardiopulmonary Resuscitation, Heimlich Maneuver and food sanitation training.

e. National Agency Check requirements submitted.

f. Background checks from Housing, Family Service Center, Family Advocacy Representative, Fire Prevention, Child Protective Services, Kings County Mental Health, Counseling and Assistance Center, Bureau of Medicine, and division officer successfully passed. Meet preinspections of home conducted by FCC Director, Fire Department, Ground Safety and Preventive Medicine.

g. Complete a three-hour Child Care Laboratory at the Child Development Center.

h. Provide proof of paid commercial liability insurance.

i. Provide a copy of automobile insurance.

j. Provide name of backup provider.

k. Provide emergency plans for fire, injury and poisoning.

l. Equip home with fire extinguisher, smoke detectors and working telephone.

02 AUG 1995

m. Provide proof of pet inoculations and written verification from a veterinarian that pets are certified to be free of disease that could endanger the health of children.

n. Initial and sign FCC Self Assessment Agreement.

o. Ensure all guns and dangerous weapons are registered with Security.

p. Provisional Certificate awarded by Commanding Officer, NAS Lemoore.

6. **Full Certification.** Full certification will be awarded once NAC has been passed successfully and recertification requirements are met.

7. **Recertification:** Recertification requirements are:

a. Complete application form.

b. Complete local installation record checks (IRC).

c. Annual home inspections completed by Fire Prevention, Ground Safety, Preventive Medicine and FCC Director.

d. Consistently meets FCC standards and requirements.

e. Renewal of the following certificates/cards: health cards from Preventive Medicine, infant/child CPR and first aid.

f. Completed annual training requirements (24 hours).

g. Successfully completed the annual FCC Assessment Tool.

h. Renewal of liability insurance.

i. Attendance in the following two-hour workshops: Child Abuse Prevention/Reporting, Child Development, Child Nutrition, Food Handling and Children's Health and Safety.

8. **Denial, Suspension and Revocation of FCC Certification.** Becoming an FCC Provider is a privilege, not a right. The policies set forth in reference (a) and this instruction are to ensure that children are not placed in an "at risk" situation.

a. A person shall not be eligible for certification if:

0 2 AUG 1995

(1) He or she has been identified as the parent of a child who is in need of care and protection and/or has been convicted of an offense involving child abuse, child neglect or sexual abuse, or has had any substantiated incidents of family violence or other criminal offenses. The applicant cannot reapply if the denial resulted from a background check that showed substantiated/unfounded child/spouse abuse of any member of the family.

(2) There are substantiated reports of alcohol and/or drug use, unless there is evidence of successful completion of a treatment plan. Cases will be reviewed on an individual basis.

(3) Any other person in the household meeting one of the descriptions set forth above is regularly at the Family Home Day Care during the hours which care is provided.

(4) There are substantiated reports of child sexual abuse.

(5) A disapproval form is sent back from any of the agencies or departments involved in the local background checks, Bureau of Medicine or National Agency Check. References are included as background checks.

(6) Denial of certification may be based on but not limited to:

(a) Failure to submit all required information and forms.

(b) Failure to meet all background clearance requirements.

(c) Unfavorable personal references.

(d) Results of interview.

(e) Certification requirements are not successfully completed within the established timeframe.

(f) Failure to meet reference (a) Standards for Family Child Care Providers.

(7) If a FCC applicant is denied for a reason stated above, the FCC applicant must wait one year before reapplying.

b. Certification will be suspended for three months when:

0 2 AUG 1995

(1) A case of child abuse or neglect is opened on the Provider by the Family Advocacy Subcommittee, or upon receipt of allegation of child abuse or neglect against the Provider or any household member residing in a FCC home.

(2) FCC Provider is involved in a domestic dispute and/or some abuse until Quality Review Board has reviewed case. Substantiated domestic violence will result in suspension for one year and will require treatment to be completed. The case Review Subcommittee and FCC QRB will make an individual determination based on the case or incident and treatment will be recommended. This can result in probation, suspension, or revocation of FCC certificate. The length of probation, suspension or revocation will be made on a case-by-case basis.

c. Certification will be suspended for two months when:

(1) An unsatisfactory inspection by Preventive Medicine citing conditions that will immediately endanger the health and safety of the children is received.

(2) Health and safety hazards, capacity limit violations, required training, developmental activity, and attendance deficiencies forms/paperwork are not corrected within 30 days of the first written notice.

d. Certification will be revoked when:

(1) An incident of child abuse or neglect by a Provider or members of the Provider's household has been substantiated or confirmed by the Family Advocacy Subcommittee.

(2) There is substantiated domestic violence of the Provider or a family member.

(3) Revocation of certification may be based on, but not limited to:

(a) Leaving children unattended.

(b) Failure to meet fire, safety and health (minimum) standards.

(c) Failure to meet developmental programming requirements.

02 AUG 1995

- policy.
- (d) Failure to adhere to appropriate discipline
  - (e) Failure to meet food/nutritional requirements.
  - (f) Failure to provide satisfactory child care services.
  - (g) Disregard for regulations.
  - (h) Failure to complete training requirements.
  - (i) Abnormal wear and tear on housing unit.

(4) In cases of suspension and revocations. The FCC Director with a witness (CDP Administrator, CDC Director or Security) will verbally inform the Provider, pull the certificate and window emblem and assist the parents in finding alternative care for the children. The applicant/provider will receive a written notice of denial, suspension or revocation immediately after QRB has met and the Commanding Officer has made his decision.

e. Grievance/Appeal Procedures

(1) Applicants and Providers are assured of appropriate grievance and appeal procedures. Every applicant or provider has the right to be considered fully and impartially.

(2) All FCC Providers have the right to present a grievance for prompt and fair action. The grievance does not reflect unfavorably on the Provider's record of good standing.

(3) A Provider can grieve an action on their behalf, a provider cannot represent another Provider in a grievance action. A written record will be kept of any written grievance presented by a Provider.

(4) A grievance is an inspection or monitoring related complaint. Examples are the suspension, revocation or denial of certification.

f. The following are the basic steps, through the Chain of Command, to process actions:

- (1) To FCC Quality Review Board:

02 AUG 1995

(a) Present appeal in writing or in person within 10 working days of notification of denial, suspension or revocation through FCC staff. Must be presented through the Family Child Care Coordinator.

(b) FCC Quality Review Board Chairman will hold a meeting to hear all facts. Potential Provider and spouse may attend Quality Review Board meeting to appeal denial.

(c) Family Child Care Quality Review Board will furnish applicant or Provider with a written decision within 20 working days via the Commanding Officer.

(d) Applicant or Provider will be advised of his/her rights to appeal to higher authority.

(2) To Commanding Officer:

(a) Present appeal or grievance in writing, within 10 days of decision.

(b) All records will be made available to the Commanding Officer and assistance will be given by the Quality Review Board to make the final determination.

(c) Commanding Officer will review the case and may hold a meeting with the FCC Quality Review Board and the applicant or Provider.

(d) Applicant or Provider will be given a decision in writing within 10 working days once the final decision has been reached. The Commanding Officer's decision is final and cannot be appealed.

(e) Grievance or appeals should be mailed to:

Commanding Officer  
Naval Air Station  
(Attn: Code 90 (FCC QRB))  
700 Avenger Avenue  
Lemoore, CA 93246-5001

9. **FCC Provider Qualifications and Responsibilities**

a. All FCC Providers shall meet the following minimum requirements: Be at least 18 years old, a military dependent authorized to reside in base housing; able to speak, read and



02 AUG 1995

write English; be physically, mentally, and emotionally capable of caring for children.

b. Family Child Care Providers will:

- (1) Comply with all regulations per reference (a).
- (2) Expect and cooperate with all inspections.
- (3) Apply for certification and subsequent renewal.
- (4) Fulfill training requirements.
- (5) Report all suspicions or incidents of child abuse or neglect within 24 hours. The FCC Provider will notify the FCC Director that a suspected child abuse will be reported to FAR (Family Advocacy Representative). All cases will be brought to the Child Development Youth Programs Administrator and MWR Director through the Family Child Care Director.
- (6) Report any of the following actions to the FCC Director:
  - (a) Leave of absence due to medical reasons, illness, personal emergencies, etc. A medical authorization of FCC Provider for family member is required to be submitted to the FCC Office prior to resuming child care business.
  - (b) Permanent Change of Station (PCS).
  - (c) Change of address or phone number.
  - (d) Change in marital status or sponsor's status of service and household members.
  - (e) Names and emergency information on all enrolled children.
  - (f) Accidents requiring emergency medical treatment.
  - (g) Incidents or suspicions of child abuse/neglect.
  - (h) Decisions to terminate FCC facility (two weeks notice required).
- (7) Maintain records including but not limited to registration and health forms, immunization and Medical Power of Attorney.

02 AUG 19

(8) Read and speak English to the extent that Provider is able to execute health and safety measures.

(9) Ensure that children are not left unattended at any time.

(10) Arrange for another approved adult (18 years or older, military dependent, living in government housing) to be able to provide back up support during emergencies, vacations or illness. Back up support may be another certified Provider or as long as substitute meets minimum training requirements such as infant/child CPR and first aid training, child abuse reporting and prevention training and local background checks. FCC staff shall be notified of Provider's absence and of substitute's presence. Provider's spouse is an approved backup provided he or she has met the minimum training requirements. Provider's spouse is only authorized to care for FCC children for a maximum of two hours due to mission readiness.

(11) Not hold another job during child care hours.

(12) Must have sponsor's written approval before transporting children in automobile or bus. Must use child safety seats for children under 5 years old or weighing less than 40 pounds.

(13) Plan a flexible program of activities to ensure the physical, social, emotional and intellectual development of children in their care.

(14) Share the following information with parents of children in their care:

(a) Medical emergencies to include any minor injuries sustained while in care or medical conditions requiring attention of physician.

(b) A communicable disease that has been introduced into the home by another child/children.

(c) Advance notice of any changes in FCC Providers. Give the name, address and phone number of the substitute Provider.

(d) Any concern about the child's health, development, behavior, special needs, fears, feeding, toilet training etc.

02 AUG 1985

(e) Any accomplishments, growth observations and joyful experiences.

(f) Programmed activities in which the children have participated.

(g) Food served with posted menu.

(h) Two weeks notice given to parents before termination of services or changes in services (such as fees, hours and vacation).

(15) Make the following information available to parents:

(a) The services provided are a private, independent enterprise. The Navy will not be party to any liability claims incurred by the FCC Provider.

(b) Fees charged are a private matter between the Provider and parents. Fees should be agreed upon prior to children being cared for at this time. Parents should be provided a copy of fees in writing.

10. Parents Responsibilities. Parents utilizing the Family Child Care Program will:

a. Complete all forms required by FCC Providers including Parent/Provider Agreements, registration forms, Child Health Assessment, Authorization for Emergency Medical Treatment, Hold Harmless Agreement and any other authorization needed by the Provider prior to child's first day of care.

b. Obtain a Medical Power of Attorney from Naval Legal Services Office prior to care beginning. This form must state that Naval Hospital Lemoore has permission to provide medical care for dependent children in the event of an emergency. Every effort will be made by the Provider to contact parents. A copy of this form must be kept in the child's Family Child Care file and health record. Until parents obtain Power of Attorney, an authorization for Emergency Medical Treatment form from the FCC Office may be filled out.

c. Complete Medical Log when a prescribed medication is to be given by the Provider. Over-the-counter medication may not be administered.

d. Sign in and out daily.

02 AUG 1975

e. Provide sufficient clothing to permit a change when necessary and other supplies as agreed upon.

f. Notify the provider when there are changes in:

(1) Attendance, including late arrival and pick up.

(2) Address, phone number at home or work, or where parent may be reached during the day.

(3) The person(s) designated to pick up the children or change emergency contact person and their telephone number.

(4) Any anticipated changes in service needs.

(5) Any health concerns pertaining to their children including allergies, recent sickness, bumps and bruises or other significant occurrences which may affect the children's behavior.

g. Single and dual active duty parents shall provide FCC Provider with a completed Dependent Care Plan/Family Care Plan for children enrolled on a regular basis.

#### 11. **FCC Provider Training Requirements**

a. Initial certification training requirements are:

(1) FCC Orientation is conducted for five days, eight hours each day. Orientation includes FCC Program guidelines and regulations, local instructions and the following subject areas:

(a) Child Development, and Developmentally Appropriate Practices

(b) Child Abuse Reporting/Prevention

(c) Home Safety

(d) Food Sanitation

(e) Business Practices

(f) Setting Up Your Home for Child Care

(g) Nutrition/ Child Care Food Program

(h) FCC Resource Library

02 AUG 1995

(i) Positive Guidance

(j) Family Day Care Rating Scale (FDCRS)

(k) Navy RCC Providers Training Program

(2) A three-hour observational laboratory at the Child Development Center. Potential Providers will be asked to spend the three hours in one or more of the classrooms at the CDC observing the staff's interaction and activities with children.

(3) Infant/child CPR and Heimlich Maneuver.

(4) First Aid.

b. Monthly Training Requirements. The Navy has mandated that all FCC Providers complete 24 hours of child care related training per year. Training hours are prorated to two hours per month. Training requirements are meant to keep FCC Providers current on health, safety, child development and enriching the environment for children's growth and development. FCC Providers may attend FCC sponsored workshops or community workshops approved by the FCC staff.

(1) Monthly participation in training sessions is mandatory to maintain certification. Provider certification will be revoked if three training sessions are missed and no attempt is made to make up missed training.

(2) Make-up training can be done through workshops, book reports, magazine articles, arts and craft books, etc., that are related to early childhood education. Makeup reports must be submitted within two weeks.

(3) Attendance in Early Childhood Education (ECE) classes will be counted as one make-up training. Providers attending ECE classes must schedule their ECE classes around FCC training night.

(4) All FCC Providers shall complete the Navy FCC Training Modules within the prescribed time frame.

c. Annual Recertification Training Requirements:

(1) Required credits are attained by attending 12 FCC training/workshops sponsored by the FCC Program. Providers may not miss more than two training sessions. If Providers miss training, a make-up for the training will be required by gaining

02 AUG 1995

flexible credits approved by the FCC Director. The maximum amount of training sessions a Provider can miss and still be eligible to certify is three.

(2) Attendance on the following two-hour workshops annually (included in 24 hours training requirement):

- (a) Child Abuse Prevention/Reporting
- (b) Child Development
- (c) Child Nutrition and Food Handling
- (d) Children's Health and Safety

## 12. FCC Provider Insurance

a. FCC Providers are required to maintain personal liability insurance to protect themselves and the Navy against potential liability claims for negligence that might arise from their operations. The minimum allowed coverage is \$500,000 per person/\$1,000,000 aggregate per occurrence.

(1) Liability insurance is required because FCC Providers are independent private contractors and not employees of MWR or the U.S. Government. As independent private contractors, FCC Providers may be held personally liable for claims in the absence of any insurance.

(2) Providers shall be advised in writing that they may be held personally liable for claims and/or awards for damages resulting from acts, omissions and provisions specifically ~~excluded by their~~ liability insurance coverage.

(3) FCC Director will monitor FCC homes to ensure that both FCC Providers and the Navy are insured against potential liability claims that may arise out of the operation of the FCC Program.

b. To assist FCC Providers in obtaining adequate insurance at a reasonable cost Bureau of Naval Personnel (Pers-653) has arranged competitively priced liability insurance coverage with a commercial insurance company which the FCC Provider may purchase. FCC Providers may buy this coverage upon certification by the FCC Program Director.

02 AUG 1995

13. **FCC Resource Library.** Certified Providers may participate in the Resource Library by completing necessary paperwork. The FCC Provider agrees to obey all rules and regulations which include:

a. The borrower assumes responsibility for the care and return of all materials. Equipment not returned may result in loss of privileges at the Resource Library and/or assessment of a monetary charge or replacement. Charges may be assessed for damages/costs of missing pieces/parts.

b. All checked out materials must be returned and any fees paid prior to provider leaving NAS Lemoore, due to PCS orders or moving from NAS Lemoore area. These materials must be returned five days after FCC Office is given notification of transfer or move. Materials not returned within 30 days will result in assessment of replacement fees and collection action will be taken.

14. **Group Size**

a. Provider may care for up to six children including her own under the age of eight years and are counted in the maximum group size. FCC children over the age of eight enrolled in the program are counted in the maximum group size.

b. In a multi-age group, no more than two of these children can be under two years of age.

c. If at any time, children in attendance are all under the age of two (whether they are the patron's or the Provider's) the group size will not exceed three children.

d. If caring for children with special needs, the Provider may need to reduce the total number of children in care according to the recommendations of the FCC Director and other inspectors.

e. No child in the program may be under four weeks old. Only one infant may be under two months of age.

f. If a home is a before and after school home there will be no more than eight children present at a time. All children must be over five years of age including the Provider's children.



02 AUG 1995

## INFANT CARE

3 Maximum \*  
 1 under 2 months  
 2 more under 2 years  
 3 total

## MIXED AGES

6 Maximum \*  
 2 under 2 years maximum  
 4 others under 8 years  
 6 total

\* Includes Provider's own children under eight years. Providers may choose to care for less than six children and may also choose to care for the specific ages they prefer as long as it is within the above guidelines.

g. Maximum group size limits must be adhered to at all times.

h. A certificate certifying the number and ages of children the Provider is certified for shall be posted and available to parents.

15. **Administering Medication.** No medication, including aspirin, Tylenol and other over-the-counter drugs will be administered by the FCC Provider unless currently prescribed by a physician. Parents shall provide a statement from the prescribing physician which certifies the medication is necessary and provides information concerning dosage, time(s) of day and duration of administration. The Provider must indicate the date, time and amount of medication administered. The parent must fill out and sign a Medical Authorization Form to allow Provider to administer prescribed medication. This Medical Authorization also releases the Provider from any liability in relation to the administration of the medication. Provider shall obtain a "Hold Harmless" agreement from the parents.

16. **Allegation and Complaints Against FCC Providers**

a. The FCC Office will be the primary recipient of all child abuse or neglect allegations and complaints lodged against any FCC Provider.

b. The FCC Director/Monitor will investigate all allegations and complaints within three working days.

c. In the case of alleged institutional child abuse, the FCC Director will contact the FAR and QRB immediately to determine a plan of action. Recommendations for immediate suspension will be rendered by the FCC QRB until the investigation is completed.

02 AUG 1995

d. In the case of immediate suspension of a FCC Home, the FCC Director will assist parents in finding alternative care for their children in another home or the CDC until the situation is resolved.

17. Reporting Child Abuse and Neglect

a. The Family Advocacy Representative (FAR) is the central coordinator of all child abuse/neglect calls within the boundaries of NAS Lemoore. The FAR coordinates agency efforts and assists in the investigation of cases. The FAR or designated representatives will receive all reports and will notify Naval Investigative Service and Child Protective Services. It is the explicit responsibility of the FAR to complete all documentation regarding the child abuse reports to CPS.

b. Prevention, identification, reporting and handling of child abuse incidents are the combined responsibility of the FCC staff and providers. All individuals working with children are mandated to report sexual abuse, child neglect, willful cruelty or unjustifiable punishment and child abuse in and out of home care. The law specifies that the reporting person must **"REASONABLY SUSPECT OR HAVE KNOWLEDGE THAT"** child abuse/neglect has occurred. The reporting person does not have to prove the child abuse/neglect, nor does he or she have to know who did it.

18. Reporting Procedures In Navy Housing

a. FCC Providers will report all incidents of suspected child abuse or neglect as soon as possible within 24 hours to the FCC Coordinator and FAR. The Provider will report directly to FAR after Provider notifies the FCC Director that a suspected child abuse is being reported to FAR. If FAR is not immediately available, the Provider will call Child Protective Services. Provide information, not limited to:

- (1) Name of victim.
- (2) Victim's date of birth, sex, race.
- (3) Victim's current address and phone number.
- (4) Name of victim's parents, address, and social security number.
- (5) Names of victim's brothers and sisters if known.
- (6) Description of specific abuse to child.

02 AUG 1995

(7) Is the child in immediate danger.

The FCC Director will come to the Provider's home and assist in completing the report and then file the written report based on the Provider's observation.

b. Any parent who alleges that his or her children have been mistreated or abused by the FCC Provider or any member of the household will be instructed to make the report to the Director or Child Development Youth Programs Administrator and has the right to report the information to law enforcement channels. The following actions will be taken upon report of suspected out-of-home care/institutional abuse:

(1) FCC Director will immediately consult with the MWR Director, or designated representative, to identify appropriate action.

(2) FCC Director will visit the home with another staff member on the same day as the report is received after coordinating with designated point of contact in the Security Office and Station FAR.

(3) In the case of alleged institutional child abuse the FCC Director will report to the Family Advocacy Representative. Child sexual abuse in the Navy sanctioned out-of-home care setting requires an immediate report. The Chief of Naval Personnel must be notified by FAR by message within 24 hours of the actual or alleged occurrence of child sexual abuse in home-based program perpetrated by the FCC Provider or any member of the Provider's household. The message, with information to chain of command, should include details of the incident and the status of case investigation.

(4) Contact Quality Review Board within 24 hours to initiate a letter to be forwarded to the Commanding Officer recommending suspension or revocation of a Provider's certification upon notice of the Family Advocacy Representative. Children will be removed immediately from the home.

19. **Reports of Unauthorized Home Child Care**

a. When a report of unauthorized home child care is received by the FCC Office, the complaint will be investigated within three days of the report.

02 AUG 1995

b. Upon receipt of the initial report, the FCC Office will send out a Registered letter to the housing occupant informing them of base policy on unauthorized care and encouraging them to contact the FCC Office within five days.

c. Upon receipt of second report for the same home, two FCC staff escorted by Security will visit the home to determine whether or not the complaint is valid. If the complaint is valid, the occupant will be directed to cease caring for children within seven days. The occupant will also be encouraged to apply for FCC Provider certification.

d. If the occupant continues to provide unauthorized care, the FCC Office will send a letter to the Housing Office and the military member's command. The Housing Office shall recommend eviction to the Commanding Officer of the occupant who conducted unauthorized child care in their home.